

TECHNICAL TRAINING INSTITUTE, SAMTHANG, WANGDUEPHODRANG
Travel Allowance Bill

FAM - 4.1.1

Name of employee:

Number :

Designation

Grade

Date :

No.of Fares:

Travel Authorisation & Date :

Departure			Arrival			Daily Allowance	Milage	Bus/Train/ Air fare	Actual Expenses	Total	Purpose of Journey
Date	Time	Station	Date	Time	Station						
Total											
Advance Taken											
Amount claimed for payment/refunded											
Certified that the travel was performed by me for official purposes and the claims are genuine.										Dated signature of employee	
Certified that the travel was authorised by me for official purposes and the claims appear genuine and reasonable.										Signature,Date & Seal of the Controlling officer.	

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